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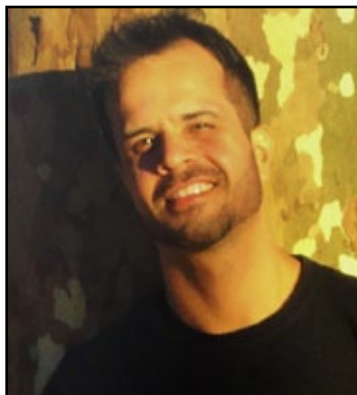
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Summary of theses
and dissertations



Quality of Life of people living with HIV/AIDS: a cross-sectional study

Rodrigo Leite Hipolito¹, Denize Cristina de Oliveira²

1 Fluminense Federal University

2 State University of Rio de Janeiro

ABSTRACT

Aim: to analyze the quality of life (QoL) and its representations in different diagnostic times. **Method:** This is a descriptive, cross-sectional study with a stratified sample by the time of diagnosis, consisting of 100 people living with HIV of a specialized service in the coastal lowlands of the municipality of Rio de Janeiro. The sociodemographic and health forms were used, followed by the WHOQOL-HIV BREF and semi-structured interviews. Descriptive and inferential statistical analysis was used. Lexical analysis was operationalized by the Alceste software. **Results:** The perception of QoL was intermediate in all areas, as well as the contents of QoL representation pointed to the hypothesis of non-autonomous representation regarding the social representation of AIDS. **Conclusion:** We observed a representational profile of the quality of life aimed for positive aspects and reinterpretation, based on the new symbology attributed to the object AIDS. It is necessary to consider satisfaction with health and longer time for diagnosis in the physical domain as relevant aspects to nursing care.

Descriptors: Quality of Life, Human Immunodeficiency Virus; Acquired Immunodeficiency Syndrome; Nursing.

INTRODUCTION

The numerous achievements in the HIV field/AIDS have contributed to the follow up of the treatment, the reduction of morbidity and mortality rates and the decrease in the number of admissions, providing increased quality of life (QoL) to people living with HIV/AIDS (PLWHA)⁽¹⁾.

AIM

The aim is to analyze the quality of life and its representations in different diagnostic moments among people living with HIV/AIDS. The study was based on the Social Representations Theory (SRT) associated with the construct of QoL.

METHOD

This is a cross-sectional study, using a quantitative and qualitative approach, developed in a STD/AIDS and Viral Hepatitis of the municipality of North Rio de Janeiro Municipality. The sample was stratified counting on 50 people with diagnostic time up to six months and 50 others with more than six months. Data collection occurred through the application of a questionnaire socioeconomic and clinical characterization, the WHOQOL-HIV-Bref instrument and semi-structured interviews during the period between May 2013 and January 2014. All subjects responded to the first two instruments, and for the interviews a subsample of 40 people equally distributed into two groups was made, according to the time of diagnosis. Data analysis occurred through descriptive and inferential statistics using the SPSS 17.0 software. The analysis of

social representations was based by Alceste 4:10 software. The study was approved by the Ethics Committee of the State University of Rio de Janeiro (UERJ), No. 073/2012 and protocol code No. 066.3.2012.

RESULTS

The study group was equally characterized between the sexes; with evangelical religious orientation (36%); mean age of 37.6 years, resident in the municipality of treatment (89%); elementary schooling and incomplete average (48%); employed (65%); with average personal income of R\$ 1,077.00; Diagnostic time lower than four years (68%); in use of antiretroviral therapy (74%) and time of use of antiretroviral therapy lower than four years (52%).

The results of the QoL analysis showed that the scores of the domains spirituality/religion/personal beliefs (14.61) and social relations (14.52) had the highest gross average among those with positive rating trend. The lowest average fell in the fields level of independence (13.77) and environment (13,29).

The representation of QoL proved to be composed of associated content for future events, QoL regarding diagnosis, coping, use of antiretroviral, transmission and prevention.

DISCUSSION

Considering that the domains *physical, psychological, social relationships, environment and spirituality* (except the *level of independence* domain) established a statistically significant association with categories of variables related to employment and income, they call attention to the importance of the

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economic context in the interpretation of QoL. These results are consistent with studies evaluating QoL, proving that there is a direct relationship of best scores and greater economic power⁽²⁻³⁾. It is clear the need to increase the financial independence of PLWHA, contributing to the reduction of stigma that both interfere with employability, as well as improving the educational level that would generate the greatest potential for the individual to enter the labor market.

The physical dimension, in the analyzes of the WHOQOL-HIV-Bref, was closely associated to those diagnosed with time over 16 years, leading to believe that the good health of the respondents (occasioned by the use of antiretroviral therapy - HAART), the movement aimed at the reframing of the disease before the spirituality, the support received from the professionals members of the multidisciplinary team and, ultimately, better financial conditions have been decisive in reorienting future expectations and life projects⁽⁴⁾.

In short, most of the analyzed results characterized by the transition to negative meanings associated with positive HIV/AIDS, with the introduction of the possibility of living with the disease. It may suggest a syndrome naturalization process as a result of its recent anchoring in chronic diseases^(2,5).

CONCLUSION

Pondering the results, it is concluded that the study group had intermediate level of overall QoL compatible with that of WHO,

as well as a profile of social representation of biased QoL for positive aspects and re-interpretation of the disease, supported or anchored in the new symbologies assigned to the object AIDS.

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